

California Department of Health Services



Medi-Cal Managed Care Health Plans

Results of the 1999 CAHPS[®] 2.0H Member Satisfaction Survey

For Medi-Cal Members Continuously
Enrolled July to December 1999

December 2001

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State of California

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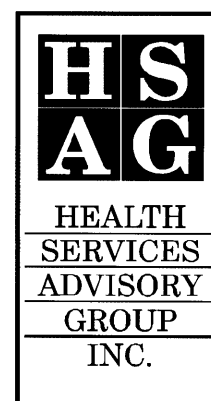


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EXECUTIVE SUMMARY

The purpose of the Consumer Assessment of Health Plans (CAHPS®) 2.0H Survey is to provide standardized information about Medi-Cal members' experiences with their health plans. As part of its oversight responsibility for the Medi-Cal managed care health program, the California Department of Health Services (DHS) contracted with Health Services Advisory Group (HSAG), an External Quality Review Organization (EQRO), to conduct the CAHPS® 2.0H survey for adults and children in 1999. HSAG subcontracted the survey mailings and telephonic interviews to the Center for the Study of Services (CSS). Both HSAG and CSS are National Committee for Quality Assurance (NCQA)-certified vendors.

This document reports on data from 24 Medi-Cal plans enrolling over two million beneficiaries. It does not include the San Diego County Geographic Managed Care (GMC) plans. The survey was presented in English and Spanish versions for both adults and children, and was fielded July through September 1999.

A total of 29,760 adult surveys and 19,728 child surveys were attempted. The response rate was similar for both, 30 percent and 25 percent respectively. A total of 8,039 adult and 4,480 child surveys were completed. While the response rate for both is below the NCQA target response rate of 50 percent for Medicaid health plans, the results of the survey, nevertheless, contain important information that may aid health plans in identifying potential areas for improvement in consumer satisfaction.

Overall Percentage of Positive Responses for the 1999 CAHPS® 2.0H Survey

Member Satisfaction Indicators	Percent of Positive Responses	
	Adult	Child
Global Ratings		
Rating of Personal Doctor or Nurse	81%	84%
Rating of Specialist	79%	83%
Rating of All Health Care	74%	80%
Rating of Health Plan	71%	77%
Global Composites		
Getting Needed Care	79%	85%
Getting Care Quickly	63%	75%
How Well Doctors Communicate	75%	80%
Courteous and Helpful Office Staff	82%	84%
Customer Service	71%	75%

Note: Global Ratings are based on a scale of 0 to 10, with positive responses considered to be 7, 8, 9 or 10. Global Composites are based on questions with scales of "Never" to "Always," with positive responses considered to be "Usually" or "Always."



While differences are usually small, there are identifiable demographic differences in satisfaction rates. Patients who are younger, male, Asian or White, and better educated are generally less satisfied than those who are older, Black or Hispanic, and less well educated.

In general, the findings of the CAHPS® 2.0H survey indicate that members enrolled in the Medi-Cal managed care health plans are satisfied with the services they are receiving. Communication between members and their physicians and specialists is good. The lowest scores were indicated in the areas of ***Getting Care Quickly*** and ***Customer Service***. Improvement interventions for most health plans should target these areas to increase members' satisfaction levels.



OVERVIEW

Background

Today's competitive healthcare environment has generated an unprecedented demand for standardized information regarding consumers' experiences with health plans. The National Committee for Quality Assurance (NCQA) has led the effort to develop a uniform survey that can be used by employers, consumers, and others to compare performance of health plans. The overarching goal of the Consumer Assessment of Health Plans (CAHPS®) 2.0H Survey is to effectively and efficiently assess member satisfaction and their experiences with care and to compare the results of the managed care health plans (hereafter referred to as health plans).

With this goal in mind, the California Department of Health Services (DHS)—as part of its oversight responsibility for Medi-Cal managed care health program—contracted with an External Quality Review Organization (EQRO) to conduct the CAHPS® 2.0H survey for Adults and Children in 1999. Health Services Advisory Group, Inc. (HSAG), the EQRO, subcontracted the survey mailings and telephonic interviews to the Center for the Study of Services (CSS). Both HSAG and CSS are NCQA-certified survey vendors.

The standardized survey instrument chosen for the survey was the CAHPS® 2.0H. Originally, CAHPS® was a five-year collaborative project sponsored by the U.S. Agency for Healthcare Research and Quality (AHRQ), formerly known as Agency for Health Care Policy Research (AHCPR).

The CAHPS® questionnaires and consumer reports were developed under cooperative agreements between the AHRQ, Harvard University, RAND, the Research Triangle Institute (RTI) and Westat. In 1997, NCQA—in conjunction with AHRQ—created the CAHPS® 2.0H survey measure. The Medicaid questionnaire set developed by CAHPS® 2.0H includes separate questionnaires for adult and child populations, with English and Spanish versions for both populations. The English versions of the adult and child CAHPS® 2.0H questionnaires are presented in Appendices A and B, respectively.



Purpose

The CAHPS® project was designed to help consumers identify the best health plans and services for their needs. While the primary purpose of the CAHPS® 2.0H survey is to facilitate plan-to-plan comparisons, the results are also valuable for identifying potential areas for improvement in consumer satisfaction and to target intervention strategies within health plans.

The survey assesses topics such as quality of care provided, access to care, communication skills of providers and administrative staff, and the consumers' overall satisfaction with health plans.

From these questions, four global ratings reflect overall satisfaction and five composite scores summarize performance in key areas.

Health Plan Performance

Global Ratings
◆ Health Care
◆ Health Plan
◆ Personal Doctor
◆ Specialist

Composite Scores
◆ Getting Needed Care
◆ Getting Care Quickly
◆ How Well Doctors Communicate
◆ Courteous and Helpful Office Staff
◆ Customer Service



Methodology

The majority of surveys were fielded in July-September 1999 for Medi-Cal beneficiaries who met the 1998 enrollment and age criteria. For two health plans, the survey was fielded in March-May 1999. These results provide DHS and its health plans with comprehensive survey results to enhance the communication of this important information to consumers.

The Health Plan Employer Data & Information Set (HEDIS[®]) sampling and data collection procedures for the CAHPS[®] 2.0H survey are designed to capture accurate and complete information about consumer-reported experiences with healthcare. The sampling and data collection procedures outlined below promote both the standardized administration of survey instruments and the comparability of the resulting health plan data. The survey was completed with strict adherence to NCQA specifications.

Sampling Procedures – Adult Survey

Sample Frame

Those eligible for sampling in the adult survey included current Medi-Cal beneficiaries at the time the sample was drawn, who were age 18 years or older as of December 31, 1998, and who had been continuously enrolled in the health plan for at least five of the last six months of 1998.

Sample Size

A random sample of 1,240 enrollees was selected per plan. In health plans with fewer than 1,240 eligible enrollees, the sample included the health plans' entire enrolled population that met the inclusion criteria. Only one adult per household was allowed to be sampled. Statewide, 29,760 adult surveys were mailed.

Sampling Procedures – Child Survey

Sample Frame

Those eligible for sampling in the child survey were current Medi-Cal beneficiaries at the time the sample was drawn, who were age 12 or younger as of December 31, 1998, and who had been continuously enrolled in the health plan for at least five of the last six months of 1998.

Sample Size

A random sample of 822 children aged 12 years or younger as of December 31 of the reporting year was selected per health plan. In health plans with fewer than 822 child members, or health plans with fewer than 822 child households remaining after the adult survey sample had been chosen, the sample included all children 12 years or younger. Statewide, 19,728 child surveys were mailed.

Survey Protocol

The survey administration protocol is designed to achieve a high response rate from Medi-Cal enrollees, thus minimizing potential effects of non-response bias. To assure the validity and

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credibility of reported data, the protocol outlines a self-administered mail survey with Computer Assisted Telephone Interview (CATI) follow-up of non-respondents.

HEDIS specifications required that each health plan provide HSAG/CSS with a list of all eligible members for the sampling frame. Following HEDIS requirements, HSAG requested that each health plan pull from its member file a complete list of members who met all of the following criteria:

- 1) were age 18 or older for the adult survey, or age 0 to 12 for the child survey, as of December 31, 1998;
- 2) were currently enrolled;
- 3) had been continuously enrolled throughout at least five of the last six months of 1998; and
- 4) had Medi-Cal as the primary payor.

Health plans were given the full HEDIS specifications for member survey eligibility and asked to provide the file of eligible members to HSAG/CSS on magnetic tape or disk.

HSAG/CSS inspected a sample of the records in the file supplied by each health plan to check for any apparent problems with the file, such as missing Family Case ID# or inaccurate address elements, and gave health plans an opportunity to supply corrected files if problems were noted. CSS also did an analysis of the records in the file supplied by each health plan and reported to the health plan the counts and percentages of members based on age category, gender, and the first three digits of zip code. This analysis enabled the health plan to determine whether the counts and percentages were in accordance with the health plan's known breakdown of its membership.

A random sample of records from the file supplied by each health plan was passed through U.S. Postal Service's National Change of Address (NCOA) process to get new addresses for members who had moved (if they had given the Postal Service a new address). From the resulting file, the final sample for the survey was drawn. In accordance with HEDIS requirements, the survey sample was a random sample with no more than one member being selected per household (i.e., Family Case ID# or subscriber number).

The HEDIS specifications required that the name of the health plan appear in the questionnaires, letters and postcards; that the letters and cards bear the signature of a State or health plan official; and that the questionnaire packages include a postage-paid reply envelope addressed to the organization conducting the survey. HSAG/CSS complied with these HEDIS specifications.

In addition, HSAG/CSS took other steps to enhance the likelihood of survey responses. HSAG/CSS printed the California State Seal on each outer envelope, used metered postage rather than a pre-printed postal imprint, and designed the questionnaire in a user-friendly, small-booklet format. In addition, the outer envelopes and reply envelopes were specially designed to accommodate the size of the questionnaire. Another step that HSAG/CSS took to increase survey response rate was to provide both English and Spanish versions of the questionnaire to all survey recipients.



According to HEDIS specifications for the CAHPS® 2.0H survey, this survey was completed using the following timeframe:

SURVEY TIMEFRAME

Basic tasks for conducting the survey:	Timeframes
♦ Send a pre-notification letter to the respondent one week before the first survey questionnaire mailing.	0 days
♦ Send first questionnaire with cover letter to the respondent one week after the pre-notification letter.	7 days
♦ Send a postcard reminder to non-respondents 4 to 10 days after mailing the first questionnaire.	11 – 17 days
♦ Send a second questionnaire (and letter) to non-respondents approximately 30 days after mailing the first questionnaire.	37 days
♦ Send a second postcard reminder to non-respondents 4 to 10 days after mailing the second questionnaire.	41 – 47 days
♦ Initiate computer-assisted telephone interviews (CATI) for non-respondents approximately 21 days after mailing the second questionnaire.	58 days
♦ Initiate systematic contact for all non-respondents such that at least six telephone calls are attempted at different times of day, on different days of the week, and in different weeks.	58 – 84 days
♦ Telephone follow-up sequence will be completed (completed interviews obtained or maximum calls reached for all non-respondents) approximately 26 days after initiation.	84 days

Survey Design

For any performance measures, particularly in assessing consumers' experiences with care provided by their health plan, the accurate and complete capture of the target information is critical. The properties of the CAHPS® survey instruments have been thoroughly investigated in large samples of the privately insured (n = 12,000) and of those with public insurance (n = 6,000). Median internal consistency reliability estimates were 0.76 and 0.70 in privately insured and Medicaid samples, respectively, based upon prior versions of the CAHPS® instrument. The median health plan level reliability estimate was 0.78 among the privately insured sample.



The developers of the survey utilized extensive reviews of existing literature, focus groups with consumers, cognitive testing of survey content and question wordings, and field testing of precursor surveys. Literacy level for the CAHPS® 2.0H questionnaire is at the sixth grade level. The CAHPS® core questionnaires were also subject to extensive cognitive testing across all population groups to reach desired reading level.

In 1997, AHRQ and the CAHPS® Consortium updated and improved the CAHPS® survey based on cognitive testing results, feedback from sponsors, and data from the demonstration sites. Additionally, AHRQ and the CAHPS® Consortium and NCQA completed the convergence of the CAHPS® survey with the NCQA Member Satisfaction Survey. These final modifications resulted in the final NCQA CAHPS® 2.0H survey instrument. As mentioned previously, copies of the surveys are provided in Appendices A and B of this report.



HEALTH PLAN PROFILE

The CAHPS® 2.0H survey for Medi-Cal managed care health plans included 24 health plan-county specific reports—representing 20 health plans, 18 counties and over two million Medi-Cal managed care beneficiaries. The Medi-Cal managed care health plans are categorized under three health plan model types: Geographic Managed Care (GMC), County Organized Health System (COHS), and the Two-plan Model—which includes Local Initiative (LI) and Commercial Plans (CP).

A brief description of each model type is essential to a correct understanding of the results of the surveys as they relate to the different health plan model types.

Geographic Managed Care (GMC):

Under the Geographic Managed Care model, DHS contracts with several health plans in a county to cover the entire Temporary Assistance to Needy Families (TANF)-linked population in the county on a mandatory enrollment basis. The beneficiaries may choose from among multiple commercial managed care health plans for healthcare services. The initial GMC program was implemented in Sacramento County in 1994, and a second GMC Program was implemented in San Diego County in 1998. The Sacramento GMC Program has six health plans. (The seven San Diego GMC health plans were not required to report CAHPS® results for 1999 since they had not been in operation a full 12 months.)

County Organized Health System (COHS):

A COHS is an agency organized by the county with representation from providers, beneficiaries, local government and other interested parties. The COHS contracts with the Medi-Cal program to cover virtually all the beneficiaries within the county. Beneficiaries have a wide choice of managed care providers but do not have the option of obtaining services under the fee-for-service system unless authorized by the COHS. In 1999, there were five COHS operating in seven counties: San Mateo, Santa Barbara, Orange, Santa Cruz, Monterey, Solano, and Napa.

Two-plan Model (LI & CP):

The Two-plan Model is the principal model for the expansion of Medi-Cal managed care in California. In each county designated for this model, two health plans cover the entire TANF-linked population in the county on a mandatory enrollment basis. DHS contracts with one locally developed comprehensive managed care system called a Local Initiative (LI) and one Commercial Plan (CP). The LI is a Knox-Keene licensed health plan developed by the local stakeholders to best meet the needs of the community the health plan serves.

The CP is also a Knox-Keene licensed health plan, selected through a competitive bidding process. The presence of the CP ensures that the beneficiaries are able to select a health plan that also provides care to privately insured individuals. This is consistent with the expressed intent of the California legislature.



The health plan-county profile, which follows below, provides a list of the 24 health plans-counties surveyed. The profile includes the start date of operation of each health plan, the health plan name, the health plan model type and the respective counties in which the health plan operated at the time of the survey.

List of Health Plans-Counties Surveyed

Start of Operation	Medi-Cal Health Plan	Model Type	Counties Covered
10/95	CalOPTIMA	COHS	Orange
01/96	Central Coast Alliance for Health	COHS	Santa Cruz
12/87	Health Plan of San Mateo	COHS	San Mateo
05/94	Partnership Health Plan of California	COHS	Napa, Solano
09/83	Santa Barbara Regional Health	COHS	Santa Barbara
01/96	Alameda Alliance for Health	2-plan (LI)	Alameda
02/96	Blue Cross of California	2-plan (CP)	Alameda, Contra Costa, Fresno, Kern, San Francisco, Santa Clara
10/97	Blue Cross of California	2-plan (LI)	Stanislaus
02/97	Contra Costa Health Plan	2-plan (LI)	Contra Costa
07/97	Heath Net	2-plan (CP)	Los Angeles, Fresno
02/96	Health Plan of San Joaquin	2-plan (LI)	San Joaquin
09/96	Inland Empire Health Plan	2-plan (LI)	Riverside, San Bernardino
07/96	Kern Family Health Care	2-plan (LI)	Kern
04/97	L.A. Care Health Plan	2-plan (LI)	Los Angeles
03/99	Molina Medical Centers	2-plan (CP)	Riverside, San Bernardino
02/97	OMNI Healthcare, Inc.	2-plan (CP)	San Joaquin, Stanislaus
01/97	San Francisco Health Plan	2-plan (LI)	San Francisco
02/97	Santa Clara Family Health Plan	2-plan (LI)	Santa Clara
04/94	Blue Cross of California – Sacramento	GMC	Sacramento
04/96	Heath Net – Sacramento	GMC	Sacramento
04/94	Kaiser Foundation Health Plan	GMC	Sacramento
04/94	Maxicare – Sacramento	GMC	Sacramento
04/94	OMNI Healthcare, Inc. – Sacramento	GMC	Sacramento
05/97	Western Health Advantage	GMC	Sacramento



SURVEY RESPONSE RATES

The total number of adult surveys attempted was 29,760. As shown in Table 1 below, 2,916 of the adult surveys were invalid and excluded from the study, leaving 26,844 potential adult surveys. Of those, 8,039 (29.9 percent) of the surveys were completed. A survey was considered complete if at least 80 percent of the questions were answered, including two critical questions. The critical questions were numbers 1 and 21 for the adult survey, and numbers 1 and 22 for the child survey. (See Appendices A and B for the actual survey questions.)

Of the completed surveys, the majority was conducted by mail, with less than 12.0 percent completed by telephone. (See Table 2B on page 13.) Medicaid data from the National CAHPS® Benchmark Database (NCBD) showed similar response rates by telephone (17.0 percent).

The response rate for the child survey was similar to the rate for the adult survey. Of the 19,728 surveys attempted, 1,914 were invalid. From the remaining 17,814 potential child surveys, 4,480 (25.1 percent) of the surveys were completed.

Table 1. CAHPS® 2.0H Adult and Child Survey Response Rates

Adult Survey					Child Survey	
Total Number of Attempted Surveys	29,760	100.0%	19,728	100.0%		
Valid Exclusions						
Number Who Were Deceased	30	0.1%	0	0.0%		
Number of Other Invalid Cases*	2,886	9.7%	1,914	9.7%		
Total Number of Potential Surveys	26,844	90.2%	17,814	90.3%		
Number of Completed Mail Surveys	7,112	26.5%	3,893	21.8%		
Number of Completed Phone Surveys	927	3.4%	587	3.3%		
Actual Number of Completed Surveys	8,039	29.9%	4,480	25.1%		
CAHPS® 2.0 Response Rate (%)	29.9%		25.1%			
The CAHPS® 2.0H response rate is the actual number of completed surveys divided by the total potential surveys. Percentages may not add up to the total percentages due to rounding.						

*Other Invalid Cases excluded from the adult survey results were members with a language problem (595 or 2 percent) and those who were mentally or physically incapacitated (30 members). Members who died (30 or 0.1 percent) or disenrolled (1,071 or 3.6 percent) prior to receiving the survey were also excluded from the results, following NCQA methodology. The invalid child survey had 513 (2.6 percent) members who disenrolled and 237 (1.2 percent) with a language problem. Members with missing and/or incorrect information were also excluded. For the adult survey, this accounted for 4 percent or 1,190 members, and for the child survey, this accounted for 5.9 percent or 1,164 members.



The 2,916 invalid cases excluded from the adult survey results included 595 members with language problems (2.0 percent of respondents) and 30 members who were mentally or physically incapacitated (0.1 percent). A language problem is defined as those members for whom language was a barrier to completing the survey.

In accordance with approved NCQA methodology, members who died (30 or 0.1 percent) or disenrolled (1,071, or 3.6 percent) prior to receiving the survey were also excluded from the results. In addition, among the total number of attempted adult surveys (29,760), 1,190—or 4.0 percent—had both an incorrect address and phone number and were excluded from the study.

The invalid child surveys included 513 (2.6 percent) members who had disenrolled from the health plan and 237 (1.2 percent) with language problems. Of the 19,728 attempted child surveys, 1,164 (5.9 percent) were excluded due to both a bad address and bad telephone number, following NCQA methodology.

Table 2A, below, shows the breakdown of completed surveys by language for both the adult survey and child survey. Of the actual completed adult surveys (8,039), a total of 7,209 (89.7 percent) were completed in English, while 830 (10.3 percent) were completed in Spanish. For the child's survey, 21.6 percent of the completed surveys were completed in Spanish.

Table 2A. Summary of Completed Surveys, by Language

	Adult Survey		Child Survey	
Actual Number of Completed Surveys	8,039	100.0%	4,480	100.0%
English Language	7,209	89.7%	3,511	78.4%
Number of Completed Mail Surveys	6,406	88.9%	3,065	87.3%
Number of Completed Phone Surveys	803	11.1%	446	12.7%
Spanish Language	830	10.3%	969	21.6%
Number of Completed Mail Surveys	706	85.1%	828	85.4%
Number of Completed Phone Surveys	124	14.9%	141	14.6%

Note: A survey was considered complete if at least 80 percent of the questions, including the two critical questions, were answered.



Table 2B, below, summarizes the completed surveys by method. As mentioned previously and shown here, 11.5 percent of the adult surveys were completed over the telephone, while the majority of surveys (88.5 percent) were completed by mail.

Table 2B. Summary of Completed Surveys, By Method

	Adult Survey		Child Survey	
Actual Number of Completed Surveys	8,039	100.0%	4,480	100.0%
Actual Number of Completed By Mail Surveys	7,112	88.5%	3,893	86.9%
English Language	6,406	90.1%	3,065	78.7%
Spanish Language	706	9.9%	828	21.3%
Actual Number of Completed Phone Surveys	927	11.5%	587	13.1%
English Language	803	86.6%	446	76.0%
Spanish Language	124	13.4%	141	24.0%

Note: A survey was considered complete if at least 80 percent of the questions, including the two critical questions, were answered.

In the fall of 1999, the Medi-Cal Policy Institute commissioned the research firm of Lake, Snell, Perry & Associates, in conjunction with Dr. Robert Valdez of the UCLA School of Public Health, to conduct a telephone-only survey of 2,402 current and former Medi-Cal beneficiaries. This telephone-only survey addressed issues similar to the CAHPS® 2.0H survey (e.g., member satisfaction with the quality of care received through Medi-Cal programs). The survey, conducted in English and Spanish, had a 42 percent response rate, a rate comparable to the NCQA response rate of 46 percent and considerably higher than the California CAHPS® 2.0H survey. The *Speaking Out* report was released in March 2000 and can be referenced for additional information on the survey methodology. For comparative purposes, some key findings from the *Speaking Out* report have been included in the Additional Analyses and Results section of this report, beginning on page 37.



Analysis of adult survey response rates by health plan model type shows higher responses for the COHS (37.8 percent) than any other health plan model type. (See Table 3, below.) The other three health plan model types were virtually the same, with response rates of 28.3 percent, 28.4 percent and 26.8 percent for the CPs, LIs, and GMCs, respectively.

The somewhat higher response rates for COHS may be due to a variety of factors. These factors include the fact that the COHS health plans have been in existence longer than the other health plan model types, COHS operate exclusively in the county, and COHS tend to have a larger aged population who are generally more satisfied and less mobile.

The response rates for the child survey by health plan model type showed a 4.6 percent difference among the health plan types, ranging from a low of 22.3 percent for GMCs to a high of 26.9 percent for COHS.

**Table 3. CAHPS® 2.0H Adult and Child
Survey Response Rates by Health Plan Model Type**

Health Plan Model Type	Adult Survey			Child Survey		
	Number of Potential Surveys	Completed Surveys	%	Number of Potential Surveys	Completed Surveys	%
Commercial Plan	4,509	1,277	28.3	3,013	794	26.4
County Organized Health System	5,616	2,124	37.8	3,744	1,006	26.9
Geographic Managed Care	6,653	1,783	26.8	4,340	969	22.3
Local Initiative	10,066	2,855	28.4	6,717	1,711	25.5
Total	26,844	8,039	29.9	17,814	4,480	25.1



One barrier that may have affected the survey response rates was incorrect addresses and phone numbers. As shown in Table 4, below, of the 29,760 adult surveys attempted, 13.4 percent had incorrect addresses. Three weeks after the follow-up surveys were mailed (see Survey Timeframe table on page 7), members who did not respond became eligible for the phone survey. Of the 21,695 members eligible for the phone survey, only 43.1 percent (9,350) had phone numbers, and 39.9 percent (3,731) of those eligible members' phone numbers were incorrect.

Not surprisingly, the child survey had similar results. Approximately 14 percent of the 19,728 mail child surveys returned were due to incorrect addresses. A total of 15,368 members were then eligible to be in the telephone survey, but only 7,378 (37.4 percent) of those eligible had telephone numbers. Of the members with telephone numbers, 37.3 percent had incorrect numbers. Six percent or 1,164 out of the 19,728 attempted child surveys were not completed due to both incorrect addresses and telephone numbers.

The adult response rate of 29.9 percent and the child response rate of 25.1 percent (Table 3, page 14) are both below the overall NCQA target response rate of 50.0 percent for Medicaid health plans. The transient nature of the population and the resulting incorrect addresses and telephone numbers make the Medi-Cal population a challenging one in which to administer a survey. The restriction to using only English and Spanish for the survey also presents a potential barrier to completing the survey for some in the Medi-Cal population. Nevertheless, important information can be obtained from the results of the survey that may aid health plans in identifying potential areas for improvement in consumer satisfaction.

Table 4. Possible Issues Affecting Response Rates

	Adult Survey		Child Survey	
	Total Number of Surveys	%	Total Number of Surveys	%
Mailed Surveys	29,760	100.0	19,728	100.0
Members with Incorrect Addresses	3,988	13.4	2,782	14.1
Members Eligible for Phone Survey	21,695	72.9	15,368	77.9
Members with Phone Numbers	9,350	43.1	7,378	37.4
Members with Incorrect Phone Numbers	3,731	39.9	2,752	37.3
Members with a Valid Phone Number	5,619	60.1	4,626	62.7
Non-Respondents After Maximum Attempts	15,178	51.0	10,712	54.3
Members Who Refused to Answer Survey	2,917	9.8	2,091	10.6



OVERALL MEMBER DEMOGRAPHICS

The overall member demographics provide important information when making plan-to-plan comparisons. (See Table 5 on page 17.) Demographic factors that may have had an impact on the survey response rates and/or scores are ethnicity, language, educational level, and gender. Appendices C and D provide specific comparative demographics by health plan and health plan model type.

Gender

Statewide, data for the Medi-Cal managed care population indicate a breakdown of 42.0 percent males and 58.0 percent females. Among the more than 8,000 respondents for the adult survey, 74.6 percent were female. The child survey was completed for 4,480 children, of which approximately 4,318 surveys indicated gender. The distribution of gender among the children from the completed child surveys was nearly equal with 52.1 percent male and 47.9 percent female.

Ethnicity

Statewide, Medi-Cal managed care health plan data indicate the following percentages of various ethnic groups at the time of the survey: Hispanics, 48.0 percent; White, 22.0 percent; Black, 18.7 percent; and Asian, Southeast Asian, and Pacific Islander, 10.5 percent. The survey results indicate the following ethnic breakdowns of the respondents that completed the adult survey: Hispanics (27.7 percent), Whites (36.5 percent), Blacks (11.9 percent) and Asians (21.5 percent). A health plan with a high responses from Hispanics may have considerably different scores than a health plan with a high responses from Blacks, since Hispanics provided higher ratings overall.

Language

Statewide, Medi-Cal managed care health plan data indicate the following percentages of various languages: English 65.2 percent; Spanish 25.1 percent; and Asian, Southeast Asian, and Pacific Islander combined are 6.6 percent. In 1999, the survey was administered in both English and Spanish. It is likely that additional languages would be helpful in achieving greater response rates. Although the breakdown of the overall Medi-Cal managed care population shows approximately 8.0 percent who spoke languages other than English and Spanish, a health plan may have a disproportionately higher share of members who speak only languages other than English and Spanish. This may have contributed to lower response rates for these affected health plans.

Educational Level

The educational level indicates a cross section of backgrounds for health plan members. Among adult respondents, 37.9 percent had less than a high school education, with 30.2 percent reporting they were a high school graduate or equivalent, and 25.5 percent had some college education. Only 6.4 percent of the respondents had four-year college degrees or more.



Table 5. Demographics of Respondents in the CAHPS® 2.0H Adult and Child Surveys

Demographics	Adult Survey	Child Survey
Gender (%)	N = 7,925	N = 4,318
Male	25.4	52.1
Female	74.6	47.9
Ethnicity (%)	N = 7,834	N = 4,366
White / Caucasian	36.5	26.2
Hispanic	27.7	44.2
Black	11.9	13.5
Asian	21.5	14.4
Other	2.4	1.7
Language Spoken at Home (%)	N = 7446	N = 4092
English	65.1	61.2
Spanish	13.6	24.2
Other	21.3	14.6
Age Groups (%)	N = 7,906	This Demographic Information Does Not Apply to the Child Survey
18 - 24	13.5	
25 - 34	23.3	
35 - 44	27.6	
45 - 54	15.9	
55 - 64	7.2	
65 or Older	12.4	
Educational Level (%)	N = 7,496	
8 th Grade or Less	18.3	
Some High School	19.6	
High School Graduate or GED	30.2	
Some College or 2-Year Degree	25.5	
4-Year College Degree	4.0	
More than 4-Year College Degree	2.4	

Note: The N differs in each category since some of the respondents chose not to answer some of the questions.

Child Survey

It is important to note that although the child's gender and ethnicity were provided in the demographics, an adult was responsible for completing the questionnaire for the child. Additionally, the educational level and age groups did not apply (and were not collected) for children. Therefore, demographic information from the child survey should be used with caution.



ADULT SURVEY RESULTS

Global Ratings

Tables 6 through 10 on pages 19 through 23 represent the four adult global ratings by health plan. Together, responses to the four global rating questions are intended to reflect customers' overall satisfaction.

Adult Global Ratings	
◆	Rating of Personal Doctor or Nurse
◆	Rating of Specialist
◆	Rating of All Health Care
◆	Rating of Health Plan

Each table includes the actual question that was asked in the survey. Responses are represented by a “worst to best scale” (worst 0-6 and best 9-10) for the global ratings. The percent with positive responses is a combination of all members that chose 7, 8, 9, or 10 as their answer.

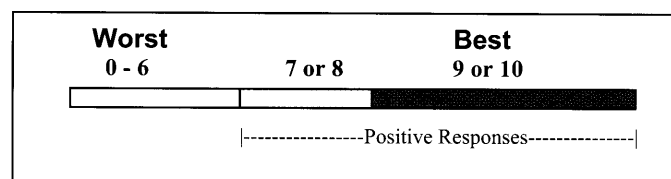
Results are presented in tabular form with a listing of the health plans in descending order of performance, based on favorable responses. Following NCQA methodology, health plans with less than 100 respondents for a question are not displayed. In the tables, the Medi-Cal managed care health plan average has been provided to facilitate individual health plan comparisons.

Aggregate results by health plan model type have been included. (See Table 10 on page 23.)



Table 6. CAHPS® 2.0H – Adult Survey - Global Rating of Personal Doctor or Nurse

Question #6: Use any number from 0 to 10 where 0 is the worst personal doctor or nurse possible, and 10 is the best personal doctor or nurse possible. How would you rate your personal doctor or nurse now?



Name of Health Plan		Positive Responses	Respondents
Contra Costa Health Plan		89.1%	211
Kaiser Foundation Health Plan – GMC		87.3%	275
Central Coast Alliance for Health		86.2%	318
Health Plan of San Mateo		84.5%	258
Santa Barbara Regional Health		84.4%	257
Santa Clara Family Health Plan		84.4%	199
Partnership Healthplan of California		83.7%	239
Alameda Alliance for Health		82.9%	152
Molina Medical Centers – CP		82.5%	171
Western Health Advantage – GMC		82.2%	152
Medi-Cal Average		81.1%	4,619
Kern Family Health Care		81.0%	121
CalOPTIMA		80.6%	222
L.A. Care Health Plan		79.7%	148
Blue Cross of California – CP		79.2%	183
Health Net – CP		79.1%	172
Blue Cross of California – LI		78.3%	272
San Francisco Health Plan		77.7%	175
OMNI Healthcare – CP		77.7%	197
OMNli Healthcare – GMC		77.6%	156
Health Plan of San Joaquin		75.7%	206
Blue Cross of California – GMC		74.8%	151
Inland Empire Health Plan		73.0%	185
Health Net – GMC		69.9%	133

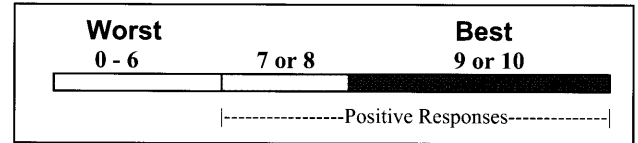
Health plans with less than 100 respondents to the question are not included, following NCQA methodology.

* Percent with positive responses are those members who answered the question with a seven, eight, nine or ten.



Table 7. CAHPS® 2.0H – Adult Survey - Global Rating of Specialist

Question #10: Use any number from 0 to 10 where 0 is the worst possible specialist, and 10 is the best specialist possible. How would you rate the specialist?



Name of Health Plan		Positive Responses	Respondents
Central Coast Alliance for Health		91.0%	191
Health Plan of San Mateo		83.2%	143
Kaiser Foundation Health Plan – GMC		82.9%	123
Santa Barbara Regional Health		82.4%	170
Medi-Cal Average		78.6%	2,210
Partnership Healthplan of California		78.0%	132
Contra Costa Health Plan		76.9%	121
CalOPTIMA		76.5%	132
Western Health Advantage – GMC		75.9%	116

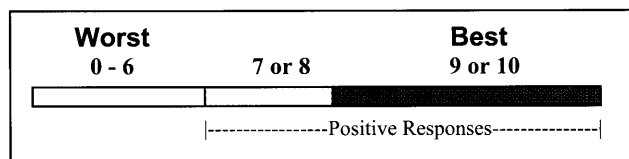
Health plans with less than 100 respondents to the question are not included, following NCQA methodology.

* Percent with positive responses are those members who answered the question with a seven, eight, nine or ten.



Table 8. CAHPS® 2.0H – Adult Survey - Global Rating of All Health Care

Question #32: Use any number from 0 to 10 where 0 is the worst health care possible, and 10 is the best health care possible. How would you rate all your health care?



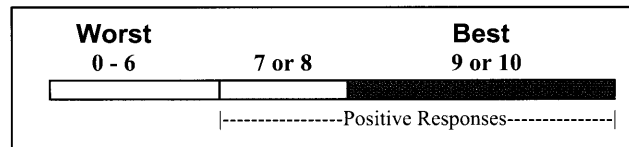
Name of Health Plan		Positive Responses	Respondents
Kaiser Foundation Health Plan - GMC		86.5%	274
Partnership Healthplan of California		83.5%	291
Contra Costa Health Plan		81.9%	226
Health Plan of San Mateo		80.9%	293
Central Coast Alliance for Health		79.5%	365
Santa Barbara Regional Health		77.9%	325
Santa Clara Family Health Plan		76.7%	262
Alameda Alliance for Health		75.0%	200
OMNI Healthcare - CP		74.5%	239
Medi-Cal Average		74.1%	5,663
San Francisco Health Plan		73.8%	225
Blue Cross of California – CP		73.4%	233
Blue Cross of California – LI		73.4%	323
CalOPTIMA		72.9%	317
Western Health Advantage - GMC		71.9%	217
OMNI Healthcare – GMC		71.6%	239
Health Net – CP		71.1%	197
L.A. Care Health Plan		70.8%	185
Kern Family Health Care		69.7%	145
Health Plan of San Joaquin		69.6%	230
Molina Medical Center – CP		68.3%	208
Blue Cross of California – GMC		67.9%	212
Inland Empire Health Plan		67.2%	204
Maxicare		63.9%	108
Health Net – GMC		51.0%	194

* Percent with positive responses are those members who answered the question with a seven, eight, nine or ten.



Table 9. CAHPS® 2.0H – Adult Survey – Global Rating of Health Plan

Question #50: Use any number from 0 to 10 where 0 is the worst health plan possible, and 10 is the best health plan possible. How would you rate your health plan now?



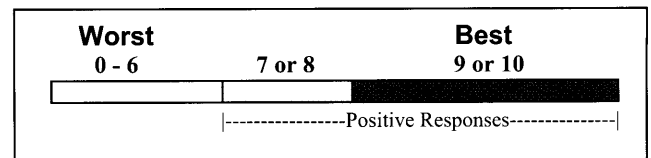
Name of Health Plan		Positive Responses	Respondents
Kaiser Foundation Health Plan – GMC		83.0%	388
Health Plan of San Mateo		81.5%	422
Contra Costa Health Plan		79.2%	308
Partnership Healthplan of California		79.1%	368
Santa Barbara Regional Health		76.7%	412
Santa Clara Family Health Plan		73.5%	378
Central Coast Alliance for Health		73.4%	443
Blue Cross of California – GMC		73.0%	304
Blue Cross of California – LI		71.6%	416
Health Plan of San Joaquin		71.0%	338
Medi-Cal Average		70.8%	7,811
Blue Cross of California – CP		70.5%	329
Alameda Alliance for Health		69.9%	269
CalOPTIMA		69.5%	403
Western Health Advantage – GMC		69.4%	317
Molina Medical Center – CP		69.0%	300
Kern Family Health Care		69.0%	219
San Francisco Health Plan		66.2%	305
OMNI Healthcare - CP		66.2%	328
Health Net - CP		66.0%	294
L.A. Care Health Plan		63.5%	244
Inland Empire Health Plan		61.8%	293
OMNI Healthcare - GMC		61.6%	276
Maxicare		59.0%	166
Health Net – GMC		54.0%	291

* Percent with positive responses are those members who answered the question with a seven, eight, nine or ten.



Table 10. CAHPS® 2.0H – Adult Survey – Global Ratings by Plan Model Type

Table 10 presents the percent of positive responses by health plan model type to survey question numbers 6, 10, 32 and 50. (Refer to Appendix A for question wording.)



			Positive Responses	Respondents
Rating of Personal Doctor				
Local Initiative			80.2%	1,669
Commercial Plan			79.5%	723
Geographic Managed Care			79.8%	933
County Organized Health System			84.1%	1,294
Rating of Specialist				
Local Initiative			77.6%	715
Commercial Plan			73.6%	288
Geographic Managed Care			76.1%	439
County Organized Health System			82.7%	768
Rating of All Health Care				
Local Initiative			73.4%	2,000
Commercial Plan			72.0%	877
Geographic Managed Care			70.4%	1,195
County Organized Health System			78.8%	1,591
Rating of Health Plan				
Local Initiative			69.9%	2,770
Commercial Plan			68.0%	1,251
Geographic Managed Care			68.2%	1,742
County Organized Health System			76.0%	2,048

* Percent with positive responses are those members who answered the question with a seven, eight, nine or ten.



ADULT SURVEY RESULTS

Composite Scores

The five composite scores summarize responses in key areas:

Adult Composite Scores	
◆	Getting Needed Care*
◆	Getting Care Quickly*
◆	How Well Doctors Communicate
◆	Courteous and Helpful Office Staff
◆	Customer Service*

**Getting Needed Care*, *Getting Care Quickly* and *Customer Service* all had less than 100 respondents by health plan and, therefore, only aggregate results are provided for these responses.

The composite scores comprise multiple questions that each have a response scale ranging from “never to always.” The percent with positive responses combines the two favorable responses, “usually” and “always.”

Tables 11 through 13 on pages 25 through 27 present the results of the adult composite scores. The results are presented in tabular form with a listing of the health plans in descending order of performance based on favorable responses. In each table, the Medi-Cal managed care health plan average has been provided to facilitate individual health plan comparisons. Health plans with less than 100 respondents to a question are not displayed, following NCQA methodology. Since *How Well Doctors Communicate* and *Courteous and Helpful Office Staff* had more than 100 respondents by health plan, these two areas are presented in Tables 11 and 12, respectively on pages 25 and 26.

Aggregate results and health plan model type have been illustrated. (See Table 13, page 27.) The Medi-Cal managed care health plans are categorized under three model types: Geographic Managed Care (GMC), County Organized Health System (COHS) and the Two-plan Model, which includes Local Initiatives (LI) and Commercial Plans (CP). As discussed earlier, each health plan model type has a unique method of operation and a distinctive administrative structure, which may affect the results of this survey.

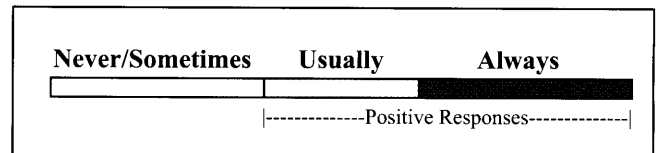


Table 11. CAHPS® 2.0H – Adult Survey – How Well Doctors Communicate

Question #27: In the last 6 months, how often did doctors or other health providers listen carefully to you?

Question #29: In the last 6 months, how often did doctors or other health providers explain things in a way you could understand?

Question #30: In the last 6 months, how often did doctors or other health providers show respect for what you had to say?



Question #31: In the last 6 months, how often did doctors or other health providers spend enough time with you?

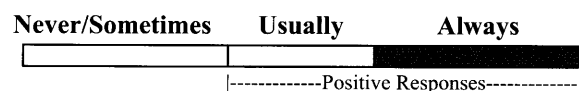
Name of Health Plan		Positive Responses	Respondents
Kaiser Foundation Health Plan – GMC		84.5%	277
Partnership Healthplan of California		82.1%	293
Health Plan of San Mateo		81.5%	292
Central Coast Alliance for Health		80.3%	366
Contra Costa Health Plan		80.3%	223
Santa Barbara Regional Health		78.9%	327
San Francisco Health Plan		77.2%	224
Kern Family Health Care		76.7%	145
Santa Clara Family Health Plan		76.4%	260
OMNI Healthcare - CP		76.2%	239
Alameda Alliance for Health		75.6%	201
Medi-Cal Average		75.5%	5,656
Blue Cross of California - GMC		75.1%	212
Western Health Advantage - GMC		74.6%	215
Inland Empire Health Plan		74.3%	204
Blue Cross of California - CP		73.9%	233
Blue Cross of California - LI		73.6%	321
OMNI Healthcare – GMC		73.3%	190
Molina Medical Center – CP		72.5%	206
Health Net – CP		72.3%	195
CalOPTIMA		72.2%	320
Health Plan of San Joaquin		69.9%	230
Maxicare		69.9%	106
L.A. Care Health Plan		68.5%	185
Health Net - GMC		55.6%	192

*Percent with positive responses combines the two favorable responses, “usually” and “always.”



Table 12. CAHPS® 2.0H – Adult Survey – Courteous and Helpful Office Staff

Question #25: In the last 6 months, how often did office staff at a doctor's office or clinic treat you with courtesy and respect?



Question #26: In the last 6 months, how often were office staff at a doctor's office or clinic as helpful as you thought they should be?

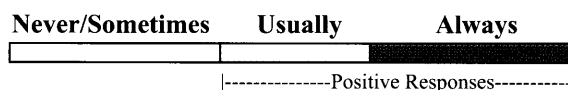
Name of Health Plan		Positive Responses	Respondents
Kaiser Foundation Health Plan – GMC		88.8%	271
Partnership Healthplan of California		88.0%	290
Health Plan of San Mateo		87.0%	286
OMNI Healthcare - GMC		86.8%	191
Contra Costa Health Plan		86.6%	223
Santa Barbara Regional Health		86.5%	325
Central Coast Alliance for Health		86.3%	360
Molina Medical Center – CP		85.4%	207
OMNI Healthcare – CP		84.1%	235
Health Net – CP		83.6%	195
CalOPTIMA		82.5%	316
Inland Empire Health Plan		82.4%	202
Medi-Cal Average		81.6%	5,593
Santa Clara Family Health Plan		80.8%	258
Blue Cross of California - GMC		80.2%	209
Alameda Alliance for Health		79.6%	201
Blue Cross of California - LI		78.8%	314
Western Health Advantage - GMC		78.6%	213
Health Plan of San Joaquin		75.6%	226
Blue Cross of California - CP		75.5%	230
Kern Family Health Care		75.2%	146
San Francisco Health Plan		75.0%	219
Maxicare		73.6%	103
L.A. Care Health Plan		72.4%	184
Health Net - GMC		66.2%	189

* Percent with positive responses combines the two favorable responses, “usually” and “always.”



Table 13. CAHPS® 2.0H – Adult Survey – Composites by Health Plan Model Type

Table 13 presents the percent of positive responses to questions 4, 8, 13, 15, 18, 22, 23, 24, 25, 26, 27, 29, 30, and 31 by health plan model type. (See Appendix A for question wording.)



		Positive Responses	Respondents
Getting Needed Care			
Local Initiative		78.2%	376
Commercial Plan		68.7%	166
Geographic Managed Care		81.6%	255
County Organized Health System		83.9%	330
Getting Care Quickly			
Local Initiative		57.0%	565
Commercial Plan		68.0%	244
Geographic Managed Care		66.2%	358
County Organized Health System		65.9%	437
How Well Doctors Communicate			
Local Initiative		74.7%	1,973
Commercial Plan		73.8%	867
Geographic Managed Care		73.3%	1,176
County Organized Health System		78.9%	1,577
Courteous and Helpful Office Staff			
Local Initiative		78.7%	1,993
Commercial Plan		82.0%	873
Geographic Managed Care		80.1%	1,192
County Organized Health System		86.0%	1,598

Health plans with less than 100 respondents to the question are not included, following NCQA methodology.

* Percent with positive responses combines the two favorable responses, “usually” and “always.”



CHILD SURVEY RESULTS

Global Ratings

Tables 14 through 17 on pages 29 through 32 present the four child global ratings by health plan. Together the four global rating questions are intended to reflect overall satisfaction.

Child Global Ratings	
◆	Rating of Personal Doctor or Nurse
◆	Rating of Specialist*
◆	Rating of All Health Care
◆	Rating of Health Plan

**Rating of Specialist* had less than 100 respondents by health plan, and therefore, only aggregate results are provided.

Each table includes the actual question that was asked in the survey. Responses are represented by a “worst to best scale” (worst 0-6 and best 9-10) for the global ratings. The percent with positive responses is a combination of all members that chose either 7, 8, 9, or 10 as their answer.

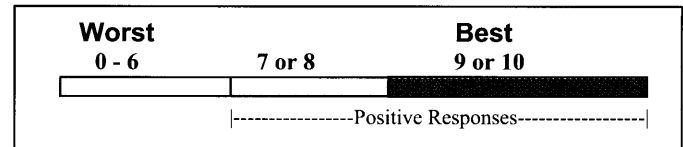
Results are presented in tabular form with a listing of the health plans in descending order of performance based on favorable responses. The Medi-Cal plan average has been provided to facilitate individual health plan comparisons. Health plans with less than 100 respondents to a question are not displayed, following NCQA methodology.

Aggregate results by health plan model type have been included. (See Table 17 on page 32.)



Table 14. CAHPS® 2.0H – Child Survey – Global Rating of Personal Doctor or Nurse

Question #7: Use any number from 0 to 10 where 0 is the worst personal doctor or nurse possible, and 10 is the best personal doctor or nurse possible. How would you rate your child's personal doctor or nurse now?



Name of Health Plan		Positive Responses*	Respondents
Kaiser Foundation Health Plan - GMC		94.1%	153
San Francisco Health Plan		89.0%	109
Santa Clara Family Health Plan		88.5%	122
Health Plan of San Mateo		88.2%	102
OMNI Healthcare - CP		88.1%	126
Medi-Cal Average		83.9%	2,414
Central Coast Alliance for Health		82.3%	141
Blue Cross of California - CP		82.1%	112
Blue Cross of California – GMC		81.2%	117
Inland Empire Health Plan		81.0%	100
Blue Cross of California - LI		79.5%	151
Santa Barbara Regional Health		76.4%	106
Health Plan of San Joaquin		72.7%	121

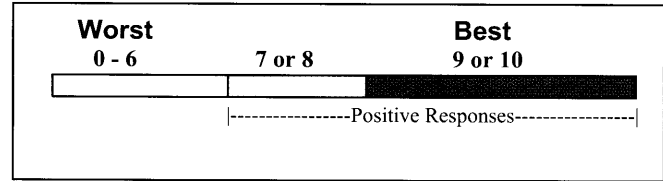
Health plans with less than 100 respondents to the question are not included, following NCQA methodology.

* Percent with positive responses are those members who answered the question with a seven, eight, nine or ten.



Table 15. CAHPS® 2.0H – Child Survey – Global Rating of All Health Care

Question #36: Use any number from 0 to 10 where 0 is the worst health care possible, and 10 is the best health care possible. How would you rate all your child's health care?



Name of Health Plan		Positive Responses	Respondents
Health Plan of San Mateo		90.2%	123
Kaiser Foundation Health Plan - GMC		89.4%	142
Health Net - CP		86.0%	107
Molina Medical Center – CP		85.4%	110
Santa Clara Family Health Plan		84.9%	126
Western Health Advantage - GMC		84.6%	110
San Francisco Health Plan		84.4%	122
Contra Costa Health Plan		81.1%	132
Santa Barbara Regional Health		80.6%	134
OMNI Healthcare - CP		80.6%	144
Central Coast Alliance for Health		80.5%	169
Medi-Cal Average		80.2%	2,937
Health Plan of San Joaquin		80.0%	145
OMNI Healthcare - GMC		78.2%	101
Blue Cross of California - LI		78.1%	183
Blue Cross of California - CP		76.0%	158
Blue Cross of California - GMC		75.5%	163
Partnership Healthplan of California		74.4%	125
CalOPTIMA		74.2%	132
Inland Empire Health Plan		74.0%	127

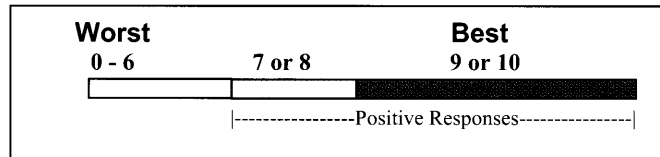
Health plans with less than 100 respondents to the question are not included, following NCQA methodology.

* Percent with positive responses are those members who answered the question with a seven, eight, nine or ten.



Table 16. CAHPS® 2.0H – Child Survey – Global Rating of Health Plan

Question #60: Use any number from 0 to 10 where 0 is the worst health plan possible, and 10 is the best health plan possible. How would you rate your child's health plan now?



Name of Health Plan		Positive Responses*	Respondents
Kaiser Foundation Health Plan - GMC		88.7%	204
Health Plan of San Mateo		85.7%	175
L.A. Care Health Plan		85.7%	147
Alameda Alliance for Health		82.3%	124
San Francisco Health Plan		82.1%	195
Contra Costa Health Plan		82.0%	183
Blue Cross of California - LI		80.6%	248
Molina Medical Center – CP		80.0%	170
Santa Clara Family Health Plan		79.2%	197
OMNI Healthcare - CP		77.6%	205
Medi-Cal Average		76.6%	4,332
Health Net – CP		75.3%	166
Health Plan of San Joaquin		75.0%	232
Santa Barbara Regional Health		74.6%	185
CalOPTIMA		74.2%	198
Western Health Advantage - GMC		74.0%	169
Kern Family Health Care		73.8%	149
Blue Cross of California - CP		73.8%	225
Inland Empire Health Plan		73.7%	186
OMNI Healthcare - GMC		73.5%	147
Blue Cross of California - GMC		72.8%	224
Central Coast Alliance for Health		72.1%	222
Partnership Healthplan of California		68.5%	178
Health Net - GMC		57.0%	107

Health plans with less than 100 respondents to the question are not included, following NCQA methodology.

* Percent with positive responses are those members who answered the question with a seven, eight, nine or ten.

